

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS						Voluntary Petition																							
Name of Debtor (if individual, enter Last, First, Middle): Lulias, John				Name of Joint Debtor (Spouse)(Last, First, Middle): Lulias, Linda																									
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): NONE				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): NONE																									
Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): 3052				Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): 2944																									
Street Address of Debtor (No. & Street, City, and State): 1328 Heather Court Addison IL				Street Address of Joint Debtor (No. & Street, City, and State): 1328 Heather Court Addison IL																									
<div style="border: 1px solid black; float: right; width: 100px; text-align: center;"> ZIPCODE 60101 </div>				<div style="border: 1px solid black; float: right; width: 100px; text-align: center;"> ZIPCODE 60101 </div>																									
County of Residence or of the Principal Place of Business: DuPage				County of Residence or of the Principal Place of Business: DuPage																									
Mailing Address of Debtor (if different from street address): SAME				Mailing Address of Joint Debtor (if different from street address): SAME																									
<div style="border: 1px solid black; float: right; width: 100px; text-align: center;"> ZIPCODE </div>				<div style="border: 1px solid black; float: right; width: 100px; text-align: center;"> ZIPCODE </div>																									
Location of Principal Assets of Business Debtor (if different from street address above): SAME				<div style="border: 1px solid black; float: right; width: 100px; text-align: center;"> ZIPCODE </div>																									
Type of Debtor (Form of organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below <hr style="width: 100%;"/>		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr style="width: 100%;"/> Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 </div> <div> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div> Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose" <input checked="" type="checkbox"/> Debts are primarily business debts.																									
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors: Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																											
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Estimated Number of Creditors</td> <td style="width: 10%;">1-49</td> <td style="width: 10%;">50-99</td> <td style="width: 10%;">100-199</td> <td style="width: 10%;">200-999</td> <td style="width: 10%;">1,000-5,000</td> <td style="width: 10%;">5,001-10,000</td> <td style="width: 10%;">10,001-25,000</td> <td style="width: 10%;">25,001-50,000</td> <td style="width: 10%;">50,001-100,000</td> <td style="width: 10%;">OVER 100,000</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>								Estimated Number of Creditors	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																								

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**John Lulias and
Linda Lulias****All Prior Bankruptcy Cases Filed Within Last 8 Years**

(If more than two, attach additional sheet)

Location Where Filed:

NONE

Case Number:

Date Filed:

Location Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor

(If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

☐ Exhibit A is attached and made a part of this petition**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b).

X**11/26/2007**

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

- ☐ Yes, and exhibit C is attached and made a part of this petition.
- ☒ No

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

- ☒ Exhibit D completed and signed by the debtor is attached and made part of this petition.

If this is a joint petition:

- ☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Statement by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes.)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

<p>Voluntary Petition <i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): John Lulias and Linda Lulias</p>
<p>Signatures</p>	
<p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b)</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X /s/ John Lulias _____ Signature of Debtor</p> <p>X /s/ Linda Lulias _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (if not represented by attorney)</p> <p>11/26/2007 _____ Date</p>	<p>Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed name of Foreign Representative)</p> <p>11/26/2007 _____ (Date)</p>
<p>Signature of Attorney</p> <p>X /s/ Douglas W. Worrell _____ Signature of Attorney for Debtor(s)</p> <p>Douglas W. Worrell _____ Printed Name of Attorney for Debtor(s)</p> <p>Douglas Worrell, P.C. _____ Firm Name</p> <p>1625 W. Colonial Parkway _____ Address</p> <p>_____ _____ Inverness IL 60067 _____ 847-241-2077 _____ Telephone Number</p> <p>11/26/2007 _____ Date</p>	<p>Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>_____ _____ X _____ _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>
<p>Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>11/26/2007 _____ Date</p>	

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *John Lulias*
and
Linda Lulias

Case No.
Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

WARNING: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

- ☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement]*
[Must be accompanied by a motion for determination by the court.]
- ☐ Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.
- ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ John Lulias

Date: 11/26/2007

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *John Lulias*
and
Linda Lulias

Case No.
Chapter 7

Debtor(s)

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☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

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- ☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement]*
[Must be accompanied by a motion for determination by the court.]
- ☐ Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.
- ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Linda Lulias

Date: 11/26/2007

In re LULIAS_ JOHN AND LINDA
Debtor(s)
Case Number: _____
(If known)

According to the calculations required by this statement:
☐ The presumption arises.
☒ The presumption does not arise.
(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

Part I. EXCLUSION FOR DISABLED VETERANS

1

If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Veteran's Declaration.** By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2

Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.

a. ☐ Unmarried. **Complete only Column A ("Debtor's Income") for Lines 3-11.**

b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."

Complete only Column A ("Debtor's Income") for Lines 3-11.

c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. **Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.**

d. ☒ Married, filing jointly **Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.**

All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six month total by six, and enter the result on the appropriate line.

Column A
Debtor's
Income

Column B
Spouse's
Income

3

Gross wages, salary, tips, bonuses, overtime, commissions.

\$0.00

\$0.00

4

Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. **Do not include any part of the business expenses entered on Line b as a deduction in Part V.**

a.	Gross receipts	\$3,483.51
b.	Ordinary and necessary business expenses	\$0.00
c.	Business income	Subtract Line b from Line a

\$3,483.51

\$0.00

5

Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. **Do not include any part of the operating expenses entered on Line b as a deduction in Part V.**

a.	Gross receipts	\$0.00
b.	Ordinary and necessary operating expenses	\$0.00
c.	Rent and other real property income	Subtract Line b from Line a

\$0.00

\$0.00

6

Interest, dividends, and royalties.

\$0.00

\$0.00

7

Pension and retirement income.

\$0.00

\$0.00

8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child or spousal support. Do not include amounts paid by the debtor's spouse if Column B is completed.		\$0.00	\$0.00						
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 33%;">Debtor <u>\$0.00</u></td> <td style="width: 33%;">Spouse <u>\$0.00</u></td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor <u>\$0.00</u>	Spouse <u>\$0.00</u>	\$0.00	\$0.00			
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor <u>\$0.00</u>	Spouse <u>\$0.00</u>								
10	Income from all other sources. If necessary, list additional sources on a separate page. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount. <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: center;">0</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: center;">0</td> </tr> </table>		a.		0	b.		0	\$0.00	\$0.00
a.		0								
b.		0								
Total and enter on Line 10			\$0.00	\$0.00						
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$3,483.51	\$0.00						
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		\$3,483.51							

Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.		\$41,802.12
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>ILLINOIS</u> b. Enter debtor's household size: <u>2</u>		\$54,599.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.	\$
17	Marital adjustment. If you checked the box at Line 2.c, enter the amount of the income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. If you did not check box at Line 2.c, enter zero.	\$
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$

Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$

20B	<p>Local Standards: housing and utilities; mortgage/rent expenses. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;">IRS Housing and Utilities Standards; mortgage/rental expenses</td> <td style="width: 30%;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expenses	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expenses	\$									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p>Local Standards: housing and utilities; adjustment. if you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	\$									
22	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter the amount from IRS Transportation Standards, Operating Costs & Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;">IRS Transportation Standards, Ownership Costs, First Car</td> <td style="width: 30%;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs, First Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs, First Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;">IRS Transportation Standards, Ownership Costs, Second Car</td> <td style="width: 30%;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>										
26	<p>Other Necessary Expenses: mandatory payroll deductions. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</p>	\$									

27	Other Necessary Expenses: life insurance. Enter average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 44.	\$
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$
30	Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$
31	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$
32	Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone service -- such as cell phones, pagers, call waiting, caller id, special long distance, or internet service -- to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32	\$

Subpart B: Additional Expense Deductions under § 707(b)**Note: Do not include any expenses that you have listed in Lines 19-32**

34	Health Insurance, Disability Insurance and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>Total: Add Lines a, b and c</td> </tr> </table>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$			Total: Add Lines a, b and c	\$
a.	Health Insurance	\$												
b.	Disability Insurance	\$												
c.	Health Savings Account	\$												
		Total: Add Lines a, b and c												
35	Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$												
36	Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$												
37	Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.	\$												
38	Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$												
39	Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.	\$												
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$												
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$												

Subpart C: Deductions for Debt Payment

42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page.			
		Name of Creditor	Property Securing the Debt	60-Month Average Payment
	a.			\$
	b.			\$
	c.			\$
	d.			\$
	e.			\$
	Total: Add Lines a - e			\$
43	Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			
		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount
	a.			\$
	b.			\$
	c.			\$
	d.			\$
	e.			\$
	Total: Add Lines a - e			\$
44	Payments on priority claims. Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60.			\$
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a.	Projected average monthly Chapter 13 plan payment.		\$
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		x \$
	c.	Average monthly administrative expense of Chapter 13 case		Total: Multiply Lines a and b
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			\$

Subpart D: Total Deductions Allowed under § 707(b)(2)

47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$
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Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result	\$

51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$
52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).	
53	Enter the amount of your total non-priority unsecured debt	\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	

PART VII. ADDITIONAL EXPENSE CLAIMS

56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c.	\$
	Total: Add Lines a, b, and c	\$

Part VIII: VERIFICATION

57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i>	
	Date: _____ Signature: <u>/s/ John Lulias</u> (Debtor)	
	Date: _____ Signature: <u>/s/ Linda Lulias</u> (Joint Debtor, if any)	

**UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 EASTERN DIVISION**

In re *John Lulias and Linda Lulias*

Case No.
 Chapter 7

/ Debtor

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 401,000.00		
B-Personal Property	Yes	3	\$ 10,761.37		
C-Property Claimed as Exempt	Yes	1			
D-Creditors Holding Secured Claims	Yes	1		\$ 667,684.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 0.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	33		\$ 1,070,070.86	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	1			\$ 0.00
J-Current Expenditures of Individual Debtor(s)	Yes	1			\$ 0.00
TOTAL		45	\$ 411,761.37	\$ 1,737,754.86	

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re *John Lulias and Linda Lulias*

Case No.
Chapter 7

_____/ Debtor

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☒ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
TOTAL	\$

State the following:

Average Income (from Schedule I, Line 16)	\$
Average Expenses (from Schedule J, Line 18)	\$
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$
4. Total from Schedule F		\$
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$

In re **John Lulias and Linda Lulias**
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **46** sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: **11/26/2007**

Signature **/s/ John Lulias**
John Lulias

Date: **11/26/2007**

Signature **/s/ Linda Lulias**
Linda Lulias

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *John Lulias*
and
Linda Lulias

Case No.
Chapter 7

_____/ Debtor
Attorney for Debtor: *Douglas W. Worrell*

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ 3,250.00
 - b) Prior to the filing of this statement, debtor(s) have paid \$ 3,250.00
 - c) The unpaid balance due and payable is \$ 0.00
3. \$ 299.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
None

Dated: *11/26/2007*

Respectfully submitted,

X /s/ Douglas W. Worrell
Attorney for Petitioner: *Douglas W. Worrell*
Douglas Worrell, P.C.
1625 W. Colonial Parkway
Inverness IL 60067

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *John Lulias*
and
Linda Lulias

Case No.
Chapter 7

_____/ Debtor

Attorney for Debtor: *Douglas W. Worrell*

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: 11/26/2007

/s/ John Lulias

Debtor

/s/ Linda Lulias

Joint Debtor

Academy Collection Service
10965 Decatur Road
Philadelphia, PA 19154-3210

Addison Central Pathology
PO Box 666
Indianapolis, IN 46206-0666

Addison Emergency Physicians
520 E 22nd St
Lombard, IL 60148

Addison Emergency Physicians
520 E Lombard
Lombard, IL 60148

Addison Radiology
520 E 22nd St
Lombard, IL 60148

Addison Radiololgy
520 E 22nd St
Lombard, IL 60148

Adelman Law Offices
1320 Tower Road
Schaumburg, IL 60173

Advanced Ambulatory
2333 North Harlem Ave
Chicago, IL 60707

AdvanceMe, Inc
600 TownPark Lane Ste 500
Kennesaw, GA 30144

Advo Inc
7630 S County Line Road
Burr Ridge, Il 60527

Alexian Brothers
800 Biesterfield Road
Elk Grove Villag, IL 60007-3397

Allen H Shapior
1247 Waukegan Road Ste 100
Glenview, Il 60025

Alliance One Receivables Manag
4850 Street Rd STe 300
Trevose, PA 19053

Allied Waste Services
13832 S Kostner
Crestwood, IL 60445

AlliedInterstate
3000 Corporate Exchange Drive
Columbus, OH 43231

AlliedInterstate
PO Box 5023
New York, NY 10163

Alls Sotrage LLC
4625 W Wellington Ace
Chicago, IL 60641

American Express
PO Box 297871
Fort Lauderdale, FL 33329-7871

American Recover Systems
1699 Wall Street, Suite 300
Mt. Prospect, IL 60056-5788

Anthony Marano Company
3000 South Ashland Avenue Ste
Chicago, IL 60608-5348

Argent Mortgage Co LLC
1 City Blvd W
Orange, CA 92868

Arrow Financial Services INC
5996 W Touhy
Niles, IL 60714

AT&T
P.O. Box 769
Arlington, TX 76004

ATG Credit, LLC
PO Box 14895
Chicago, IL 60614-4895

Athenian Foold Company
3051-53 N Cicero Ave
Chicago, IL 60641

Atlantic Press, Inc
5501 W 110th Street
Oak Lawn, IL 60453-5013

The Auster Company
2404 S Wolcott Ave
Chicago, IL 60608

Baker Miller Markoff & Krasny
29 N. Wacker Drive, 5th Floor
Chicago, IL 60606

Bank of America
PO Box 2278
Norfolk, VA 23501-2278

Banner Wholesale
3000 South Ashland
Chicago, IL 60608-5333

Barrera Imports, Inc
2309 S Keeler Ave
Chicago, IL 60623

Barry Serota and Associates
PO Box 1008
Arlington Height, IL 60006

BMW Financial Services
PO Box 78066
Phoenix, AZ 85062-8066

Broadway Bank
5960 N. Broadway
Chicago, IL 60660

Bronson & Migliaccio, LLP
799 Roosevelt Rd
Bldg and Suite 316A
Glen Ellyn, IL 60137

Caine & Weiner
1100 East Woiodfield Road
Ste 425
Schaumburg, IL 60173

Campos Chicharrones
4315 S Tripp Ave
Chicago, IL 60632

Central Dupage Hospital
25 N Winfield Dirve
Winfield, IL 60190-1295

Internal Revenue Service
P. O. Box 21126
Philadelphia, PA 19114

Centrum Properties, Inc
225 W Hubbard
4th Flr
Chicago, IL 60610

Chase Bank USA, N.A.
P.O. Box15153
Wilmington, DE 19886-5153

Citgo/Citiband SD
PO Box 15687
Wilmington, DE 198505687

Citicbank USA, NA
Pencader Corp Center
110 Lake Dr
Newark, DE 197023317

Citifinancial
P.O. Box 499
Hanover, MD 21076

City of Chicago
Department of Water Management
PO Box 6330
Chicago, IL 60680

City of Chicago
121 North Lasalle
Chicago, IL 60602

City of Chicago
Department of Administrative H
121 North Lasalle
Chicago, IL 60602

City of Chicago EMS
33589 Treasury Circle
Chicago, IL 60694

City Wide Produce Distributors
2404 S Wolcott #29-30
Chicago, IL 60608

Clybourn Physical Therapy
1953-S North Clybourn
Chicago, IL 60614-4903

Collectcorp
PO Box 100789
Birmingham, AL 35210-0789

Comed
PO Box 805376
Chicago, IL 60680-5376

Computer Collection Service
3239 W Belmont
Chicago, IL 60618

Creditors Interchange
80 Holtz Drive
Buffalo, NY 14225

CTR for Neurological Disorders
PO Box 320
Glenview, IL 60025-0320

Daily Meat Supply
948 W Fulton Market
Chicago, IL 60607

Dean Midwest, LLC
3600 River Road
Franklin Park, IL 60131

Dearborn Wholesale Grocers, LP
2801 S Western Ave
Chicago, IL 60608

Delray Farms, LLC
161 N Clark
Ste 2100
Chicago, IL 60601

Dietz and Kolodenko
2404 South Wolcott Ave #24-25
Chicago , IL 60608

DirectV
PO Box 78626
Pheonix, AZ 85062

Discover Card
P.O. Box 15316
ATT:CMS/PROD DEVELOP
Wilmington, DE 19850

Discover Network
PO Box 3016
New Albany, OH 43054

Distribuidora de Quesos Mexica
950 N Oaklawn Ave
Elmhurst, IL 60126

Domestic Uniform Rental
4131 N. Ravenswood Ave.
Chicago, IL 60613-1830

Dr Pepper/7 Up Bottling Group
400 N Wolf Ste A
Northlake, IL 60164-1660

Economy Packing
939 W Fulton Market
Chicago, IL 60607

El Guapo
2314 Collections Center Drive
Chicago, IL 60693

El Mestizo Candy Dist. Inc
2290-92 S Blue Island Ave
Chicago, Il 60608

Elmwood Park Healthcare Center
2333 North Harlem Ave STe 100
Chicago, IL 60707

Enterprise Rent-a-car
PO Box 214
Bellwood, IL 60104-0214

Evergreen International
2404 South Wolcott Ave
Chicago, IL 60608

EveryDay Fresh Produce, Inc
5301 S Kildare Ave
Chicago, IL 60632

Farmers Insurance Group
% Mark D Holihan Ins Agy
814 Busse Hwy
Park Ridge, IL 60068

Ferdel Promotions
1727 W 21st Street
Chicago, IL 60608

Fernando's Bakery
5 Sherman Street
Linden, NJ 07036

FIA Card services
PO Box 15137
Wilmington, DE 19850-5137

Firdausi F Mazda MD, SC
Slot K OI Box 66974
Chicago, IL 60666-0974

First Usa
P.O. Box 15298
Wilmington, DE 19850-529

Fisher Printing
8640 S Oketo Ave
Bridgeview, IL 60455

Food Industry's Clearinghouse
Madeline Del Medico
7504 W Grand Avenue
Elmwood Park, IL 60707

Four Star Foods, Inc
1230 W Fulton
Chicago, IL 60607

General Revenue Corporation
325 Daniel Zenker Dr
Horseheads, NY 14845

Gil and Gil Food Products
4072 S Francisco
Chicago, IL 60632

Global Packaging Products
1033 N Cicero Ave
Chicago , IL 60651

Goodness Greeness
5959 S Lowe
Chicago, IL 60621

HB/Carsons
3455 Highway 80 W
Jackson, MS 392097202

Heartland Produce Co
1581 Paysphere Circle
Chicago, Il 60674

HKH Associates
Dr. M Hussain
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Chicago, Il 60659

Hochstadter & Isaacson
444 N Northwest Highway
Park Ridge, IL 60068

Home Depot USA Tool Rental
% Superior Asset
Po Box 4339
Ft Walton Beach, FL 32549-4339

I.C. Systems Inc
444 Highway 96 East
Box 0886
St Paul, MN 55164-0886

Ice Town Leasing
1814 Beach St
Broadview, IL 60155

ICS Collection Service, Inc
Po Box 1010
Tinley Park, IL 60477-9110

Illinois Department of Revenue
Bankruptcy Section, Level 7-425
100 W. Randolph Street
Chicago, IL 60601

Internal Revenue Service
Insolvency Mail Stop 5010
230 S. Dearborn,
Chicago, IL 60604

Interventional Pain Management
8135 N Milwaukee Ave
Niles, IL 60714

Invermex
2455 S Damen Ave
Chicago, IL 60608

J & R Dairy Services
5350 W 38th St
Cicero, IL 60804

JAB Produce, Inc
2404 S Wolcott
Unit 23
Chicago, IL 60608

James G Uzzell
39 South Lasalle Street St 404
Chicago, IL 6060.

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20 North Clark Street
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5350 West 38th Street
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3437 W 60th Pl
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2541 S Damen
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3018 W Cermak Rd
Chicago, IL 60623

La Criolla
907-909 W Randolph St
Chicago, IL 60607

La Galera Produce LLC
2404 S Wolcott Ave
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La Guadalupana Wholesale
1365 West 37th Street
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La Hispamex Food Products, Inc
1859 S 55th Ave
Cicero, IL 60804

La Tropicana Food, Inc
4455 West 45th Street
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La Hacienda Brands, Inc.
3000 S Ashland
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101 N Wacker Dr Ste 101
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Micael D Fine
131 South Dearborn Street
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Chicago, IL 60603

Michael J Navilio
2404 S Wolcott STE 26
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Midwest Academy of Pain and Sp
PO Box 3336
Oakbrook, IL 60522

Midwest Open MRI
PO Box 66973/Slot 30298
Chicago, IL 60666

Milwaukee Mutual Insurance Co
803 W Michigan
Milwaukee, WI 53233

Miroslaw Wozniack
350 Wexford Drive
Lemont, IL 60439

Mr. Mechanical
1818 W Huron
Chicago, IL 60622

Murray, Jensen and Wilson LTD
101 N Wacker Dr Ste 101
Chicago, IL 60606

Nationwide Credit Inc
4740 N State Road 7Ste 108
Lauderdale Lakes, FL 33319-5839

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Olympic Wholesale Produce, Inc
2404 S Wolcott
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Ordower and Ordower
1 N Lasalle Street - ste 1300
Chicago, IL 60602

Organic Chicago Produce
2455 S Damen Ave
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PO Box 959
Brookfield, WI 53008-0959

OSI collection services inc
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Schaumburg, IL 5.008-0959

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1307-09 W Lake Street
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Pepsi Americas
75 Remittance Dr Suite 1884
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PO BOX 99607
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Quest Diagnostics
PO Box 5001
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R & L Signs, Inc
7430 W 90th Street
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Ressurrection Health Care
Our Lady of the Res Med ctr
5645 W Addison
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Resurgent Capital Services
%Viking Collection Service Inc
7500 Office Ridge Circle
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Rodriguez Imports
10915 Franklin AV#C
Franklin Park, IL 60131

RS Medical
14401 SE 1st St
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SAS Food Enterprises, Inc
2809 Old Higgins Rd
Elk Grove Villag, IL 600007

Citibank USA/Sears
PO Box 663
Elgin, IL 60121

Sigma Foods, Inc
2420 Lunt Ave
Elk Grove Villag, IL 60007

South Water Market, Inc
2525 S Blue Island
Chicago, IL 60608

Sprague Distributin Co.
2018 S Ashland Ave
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The American Bottling Company
21431 Network Place
Chicago, IL 60673-1214

The Ear, Nose and Throat Cente
1875 Dempster Street St 301
Park Ridge, IL 60068

The Home Depot
Home Depot Credit Services
Processing Center
Des Moines, IA 50364-0500

The Quay Corporation
7101 N Capital Drive
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PO Box 388790
Chicago, IL 60638

TruGreen/ChemLawn
West Chicago, IL

United Packaging Products, Inc
1090 Pratt Blvd
Elk Grove Villag, IL 60007

V&V Supreme Foods, Inc
1564 Paysphere Cir
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Vamex Distributors
PO Box 407
Posen, IL 60469

Viking Collection Service, Inc
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Eden Prairie, MN 55344-3678

Washington Mutual Card Service
P.O. Box 660487
Dallas, TX 75266-0487

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